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VERISIGN I	NC/CA										
Form 4											
July 28, 2016	i de la companya de l										
									OMB APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287			
Check this			0 /					Expires:	January 31,		
if no long subject to	GES IN I	BENEFI	CIA	LOW	NERSHIP OF		2005				
	Section 16.							Estimated a burden hou	0		
Form 4 or								response 0.5			
Form 5 obligation	~ ^	suant to Section 1									
may conti		a) of the Public U	•	•	• •			n			
See Instru	ction	30(h) of the In	vestment	Company	Act	t of 19	40				
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of Re							f Reporting Per	son(s) to			
MOORE RC	GER H/CA	Symbol					Issuer				
	IGN INC/O	CA [VRS	SN]		(Check all applicable)						
(Last)	(First) (M	fiddle) 3. Date of	f Earliest Tra	ansaction			(- /		
12061 BLUEMONT WAY (Month/Data)			-				_X_ Director		b Owner		
							Officer (give title Other (specify below) below)				
(Street) 4. If Amen			ndment, Date Original				6. Individual or Joint/Group Filing(Check				
	nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person						
DECTON V	A 20100							Aore than One Re			
RESTON, V	A 20190						Person		1 0		
(City)	(State) ((Zip) Tabl	e I - Non-De	erivative S	lecuri	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction Date		3.	4. Securi			5. Amount of		7. Nature of		
Security	(Month/Day/Year)	Execution Date, if		ransactionAcquired (A) or ode Disposed of (D)				Form: Direct (D) or	Indirect Beneficial		
(Instr. 3)		any (Month/Day/Year)	CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			·	Beneficially Owned	ndirect (I)	Ownership		
		× ,	. ,			·	Following	Instr. 4)	(Instr. 4)		
					(A)		Reported Transaction(s)				
					or		(Instr. 3 and 4)				
Common			Code V	Amount	(D)	Price					
Common Stock	07/26/2016		А	2,977 (1)	А	\$0	33,212	D			
STOCK				<u> </u>							

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transacti	5. iorNumbe		6. Date Exercised Expiration Date Exercised Exercised Content of the second sec		7. Title Amour		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securit Acquin (A) or Dispos of (D) (Instr.	of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed			Underl Securit (Instr.		Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	7 (A) (I	· ·	Date Exercisable	Expiration Date		Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationsh							
1 0	Director	10% Owner	Officer	Other					
MOORE ROGER H/CA 12061 BLUEMONT WAY RESTON, VA 20190	Х								
Signatures									
Thomas C. Indelicarto, as Atto Moore	07/28/2016								

Signature of Reporting Person **Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- On July 26, 2016, Reporting Person was awarded restricted stock units (RSUs). Each RSU represents a contingent right to receive one (1) (1) share of VeriSign, Inc. common stock once vested. The grant vests 100% on the date of grant, subject to applicable taxes upon delivery.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Date